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ABSTRACT

Noting that the physical and mental growth of children are influenced by many environmental and familial factors, this paper explores improving the well being of children. The first part of the paper discusses child rearing, emphasizing three fundamental themes: creating an environment where children are born healthy and wanted; helping children to develop empathy and identification with thoughts and feelings of others; and increasing one's commitment to public interest. This section claims that when parents can watch their children's growing independence with affection and pride, and when these children can leave parents and become autonomous citizens capable of new relationships, then it is a step forward to a just society. The second part of the paper introduces a book, scheduled to be published in late summer 1996, which examines programs that have demonstrated effectiveness in developing more competent and empathic children, adolescents, and adults. This section goes into detail describing the five major sections of the book, emphasizing a few successful prevention programs and strategies. The paper concludes with an essay written by a third grader on the topic of social support. (MOK)

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Strengthening Children's Mental Health

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First of all, let me express my gratitude to my longtime friend Eric Dlugokinski and to Marcy Price for organizing this conference. Like others in Oklahoma City, all those involved in this conference shared the anguish and pain resulting from the tragedy a year ago. They have been working for many years to make children stronger and more empathetic, able to grow into caring and responsible adults. This conference brings together many people who share this role, who will share their experiences with the hope of increasing significantly the amount of caring, the amount of empathy, directed toward building a kinder and more humane society.

As I considered the ideas that I wanted to share with you today, I identified some fundamental themes. The first of these was a result of my experience with working with the Commission on the Prevention of Mental/emotional Disabilities of the National Mental Health Association. That Commission, chaired by Beverly Long, reported its findings to the U.S. Congress and to the country in 1986. During the previous year, we heard testimony from a wide range of experts in prevention in various fields, such as genetics, early childhood experience, adolescence, and aging. We heard discussion of marital problem relationships, nutrition, and several related topics.

One afternoon, as members of the commission were sitting around the table, having listened to a full morning of testimony by experts, someone asked the question: "If we had just one prevention program that we could put into place, and know that it would succeed, which one would that be?" This led to a couple of hours of passionate discussion at the end of which the members of the commission were agreed on an answer. We would opt for a program that would ensure that every baby born, anywhere in the world, would be a healthy, full-term infant of normal birth weight, welcomed into the world by a parent or parents who wanted the child and who had planned for her or his conception and birth. We know from a wide range of clinical observations and research experience that children who are born wanted have a much greater chance of growing up to be emotionally healthy adults. We know from the research of Henry David and his colleagues in the Czech Republic and in Sweden, that children who are born unwanted, when followed up in adulthood, have very high rates of emotional disturbance, criminal behavior, and social failure. So one of the questions for preventionists and for society's policy makers, is how do we increase the number of children who are born wanted?

After we had agreed on this answer, members of the commission began adding footnotes. It would be great if the baby were breast-fed by a mother who had an adequate and healthful diet and who was not on alcohol or drugs during or after pregnancy. It would be wonderful if the parent or parents had an adequate income and could afford the high costs associated with having and raising a child or children. And it would be wonderful if the child could go to an adequate child-care center if the parent or parents were working, and to a well-funded and stimulating preschool and kindergarten followed by attendance at a well-funded and well-organized school.

As you can see, the members of the commission put the welfare, love, and support of children at the highest level of priority in thinking about building a better world, and more practically about preventing later emotional problems.

A second theme that I want to put on our agenda is concerned with the development of empathy, the feeling of being able to understand other people better, to identify with the thoughts and feelings of others, to share in emotional understanding. Empathy motivates our own personal concern for victims, for groups devastated by any of a range of calamities. If it is empathy that inhibits people from damaging and exploiting others, then the

absence of empathy can lead to cruelty, aggression, and exploitation. We need to determine those factors responsible for the development of empathy and take steps to foster its development in children. There is vast literature on this subject. Let me attempt a very brief summary statement. The ability to put oneself in the place of others is acquired in early childhood in what might be called emotional education. Understanding parents and understanding teachers can help children develop the capacity to put themselves emotionally in the place of others, to feel what others are feeling, to learn to imitate the empathy shown by important mentors and role models. This means the development of a conscience. This is the kind of research that Eric Dlugokinski and his colleagues have been developing for the past several years at the University of Oklahoma. Before we can reduce the rate of senseless crime, and the exploitation of others, we must find ways to ensure that emotional empathy is taught by significant persons in the child's world. This is a top-priority prevention program.

The third fundamental theme deals with our own commitment to the public interest. Too many of us are influenced by forces that manipulate us into being mindless consumers, and who imbue us with the pathologies of prejudice toward other groups. Anyone who

keeps abreast of what is going on in the world cannot help but know about deep-seated intergroup hatreds and hostilities. In other parts of the world, at the present time, groups divided by religious differences have committed unspeakable acts of brutality and genocide. I have just returned from Northern Ireland where there is an uneasy peace between groups that have been fighting for decades. Within our own society, we encounter daily examples of hatreds and violence between and among groups. One of the important items on our prevention agenda must be the discovery of ways to reduce injustice, to strive to reduce the power of the hate-mongers, and to build a more equalitarian and caring society and world. Maslow taught us many years ago that in the hierarchy of motivation love, self-esteem, and self-actualization must rest on a secure foundation of feelings of security and safety.

There is nothing so satisfying as emotionally mature relationships with people who are equal. When people can feel deeply and respectfully about each other, when parents can watch their children's growing independence with affection and pride, and when these children can leave parents and become autonomous citizens capable of new relationships; when friendships are formed without any concern about personal gain or exploitation;

when nations are blessed with resources and consequent economic power; when they refrain from the exploitation of other less powerful nations -- when all of these things can occur widely and over time, then we will have gone a long way toward achieving a just society and a just world. It is time for all of us to raise our collective voices in support of social justice.

Let me tell you about several programs that have been shown to result in stronger children, better able to resist stress, more competent and more empathetic.

During the past several months, Tom Gullotta and I have been editing a book that will be published by SAGE late this summer. The book is concerned with examining programs that have demonstrated effectiveness in developing more competent and empathic children, adolescents, and adults. We asked the authors to describe prevention and competence building programs, chosen by the National Mental Health Association as outstanding, to be exemplars of carefully planned and executed programs that stand the test of evaluation.

These programs I will describe have received Lela Rowland Prevention Awards, named in honor of the wife of Loyd Rowland. For a great many years Loyd Rowland conducted a massive prevention program, beginning in Louisiana and later extended to

a great many other states and to many foreign countries. Loyd Rowland, back in the early 1940's, began sending a series of informative child rearing pamphlets to the parents of all first-born children in the state of Louisiana. The series was identified with drawings of "Pierre the Pelican" and came to be known as the Pierre the Pelican series. These pamphlets informed parents about child rearing, what to expect in development sequences, and gave practical information about child care, diet, and the need for affectionate parenting. When Dr. Rowland died, he endowed the series so that it funded an annual award in prevention. I want to talk about these briefly.

Our volume, based on the series, can be divided into five (5) sections. The first talks about the importance of prevention and promotion. Very briefly, its message says that individual treatment of children and others suffering from emotional disturbance or personal distress, does nothing to reduce the rate of the disturbance in the population. While individual therapy is known often to help individuals, the only way to prevent or to reduce future distress down the road is to do something now to prevent <u>later</u> difficulties. This is essentially the public health message. The field of public health, through primary prevention efforts, has eliminated many of the great plagues afflicting

humankind. It's strategies are simple: (1) find the noxious agent and remove it, or (2) strengthen the resistance of the host, or (3) prevent transmission of the noxious agent to the host. These strategies can be translated into efforts at the prevention of mental and emotional disorders.

A major cause of emotional disturbance is a high level of stress and so our first strategy for prevention is to reduce the stress affecting large numbers of people. Then, strengthening the host involves helping people, especially young children, to be more secure, more competent, to have better self esteem and to be members of a supportive social environment. Finally, preventing the transmission of negative experiences involves such things as reducing or eliminating child abuse, and the negative consequences of being the victim of social isolation, or of being without a network of social support.

The remaining four (4) sections of the book are divided into a development sequence. The first is concerned with programs to support infants and toddlers. Three chapters in this section report on successful programs that increase parent-child interaction and parenting ability. An example: Elsie Broussard at the Graduate School of Public Health and Department of Psychiatry, University of Pittsburgh, has for a number of years

studied the effects of a mother's perception of her newborn as it relates to the subsequent development of the infant. Those mothers who lack pride in their infant and who have little pleasure in motherhood -- even though physicians had judged the infant's biological endowments to be normal -- resulted in negative long-term consequences. Infants who were not viewed positively by their mothers at birth and one month later turned out to have devastating emotional problems when followed up ten and fifteen years later. Dr. Broussard developed a program for new groups of such mothers and helped them learn to appreciate and care for their infants in a great many more positive ways. Follow-ups showed exceedingly positive results of this intervention.

The next series of chapters are focused on positive experiences for pre-school populations. An example here is the work done by Weikart and Schweinhart at the Hi/Scope Educational Research Foundation in Ypsilanti, Michigan. These investigators focused on the lives of 123 at-risk African-American children selected from three and four year olds in a low income neighborhood. Half the children participated in a high quality preschool educational program and the other half remained in their normal home-setting without any special intervention. These

children have now been followed up for more than thirty (30). years! The project has "demonstrated unequivocally" that high quality early childhood preschool education can significantly alter the life chances of children. The children with the intensive preschool intervention when examined two (2) decades later had higher academic achievement, achieved higher incomes, had fewer out-of-wedlock births and had higher rates of home and car ownership. They had significantly fewer arrests for criminal behavior and were less likely to be on welfare. The project had a very high benefit-cost value. For each dollar invested in the pre-school program something over seven (7) dollars was saved from later public tax dollars.

The next section reports on interventions with school-age youths in school settings. These included children of divorce, developing social competencies, improving life skills, and job readiness. An example here is the Primary Mental Health Project developed at the University of Rochester. Beginning in 1957 as a small demonstration project in a single school, it had been observed that classroom teachers often report that half or more of their time is preempted by the problems of a small number (3 or 4) children to the neglect of the rest of the class. The children who were referred for professional help in the later

school years were found to have histories of adjustment problems going back to kindergarten or the early primary grades. The project led to a focus on young children before the problems became deeply entrenched. Intervention in pre-kindergarten, kindergarten, and the early primary grades, seemed ideal for such efforts. Young children identified as having school learning problems were paired with carefully selected, trained, and supervised paraprofessional "child associates". Sometimes these child associates were volunteers, sometimes paraprofessionals, sometimes retirees, etc. The program has been highly successful in reducing the rate of disturbance in children in their later years. It has now been extended to a wide range of school programs in rural, suburban, and city school systems. Two major follow-up studies reported that children originally seen to be at risk, who were part of this primary mental health project, were found later to be indistinguishable from classmates on both teacher and self-reports of adjustment.

The last section of the volume focuses on preventive interventions in adulthood and especially on two issues of concern. The first is involuntary unemployment, an increasing problem with job losses in our economy, and the second with adult depression. We have learned from clinical experience that

involuntary unemployment is a major source of stress. People who have lost their jobs and who have been unsuccessful in attempts at finding new or equivalent employment are at very high risk for emotional disturbance. The children in the families of these unemployed are also at high risk. With unemployment often comes spouse abuse, child abuse, addiction to alcohol and drugs, social withdrawal, and an increase in accident rates. There also occurs social withdrawal and a reduction in normal human interactions. One of the prevention programs described is called the JOBS program. This program had both short term and long term goals. It attempted to enhance successful job-seeking skills and self confidence, and it also worked to developed skills that would lead to re-employment and that maximized social, economic, and individual psychological rewards. The evaluation indicated that this intervention met these goals and generated economic benefits for individuals and society.

I have touched only briefly on a few examples of NMHA's successful prevention programs as described by the recipients of Rowland Awards. Let me try to summarize some of the things that we have learned from the descriptions of projects contained in this series of programs.

First of all, these projects proved conclusively that interventions designed to prevent later emotional problems actually do work. They also demonstrate that money and efforts invested early in prevention programs is well spent because the reduction of later problems saves money in treatment funds, in jail terms, in welfare costs -- much more than is invested in the early prevention programs. But most importantly, perhaps, is the clear indication that people's lives are improved, their level of competence and self-esteem is increased, and they become better parents, better citizens, and add a significant increment toward building a better world.

After working twenty-five years in the field of prevention, I am convinced that strong support networks are critically important to the maintenance of mental health. Support can be in the form of family ties, religious groups, neighbors, and close friends. People with poor mental health are frequently social isolates. We must indeed find ways of <u>Living in the World Together</u>.

I'll close with an essay written by a third grader in Oakland, California that illustrates social support. She wrote the following essay entitled: "What is a Grandmother?"

"A grandmother is a lady who has no children of her own. She likes other people's little girls. A grandfather is a man grandmother. He goes for walks with boys and they talk about fishing and tractors and things like that.

Grandmas don't have anything to do except be there. They are so old they shouldn't run. It is enough if they drive us to the market where the 'Pretend Horses' is and have lots of dimes, or if they take us for a walk, and slow down past things like pretty leaves and caterpillars. They should never say 'hurry up'.

Usually they are fat, but not too fat to tie your shoes. They wear glasses and funny underwear. They can take their teeth and gums off. It is better if they don't typewrite or play cards except with us.

They don't have to be smart, only answer questions like 'Why do dogs hate cats?' or 'How come God isn't married?' They do not talk baby talk like visitors do because it is hard to understand. When they read to us they don't skip over anything or mind if it is the same story again. Everybody should try to have one, especially if you don't have a television, because Grandmas are the only grownups who have got time."